

| | | | | | |
|--------------|---------|-----|----------|-------|-------|
| Claim Number | DVP3753 | FTC | Function | CMT # | MICR# |
|--------------|---------|-----|----------|-------|-------|

| | | | |
|--|---------------------|--|------------------------|
| Date | 12/21/06 | Explanation of Payment | |
| Claimant / Employee Name | Nippon Express | Claimant Number | J |
| COVERAGE DESCRIPTION | | AMOUNT | Attachment |
| Canon Cartridge Settlement | | \$ 55,000.00 | Tax ID - If Applicable |
| TOTAL AMOUNT | | \$ 55,000.00 | Reportable to IRS |
| Number of Weeks | Rate (Week / Month) | Payment Period | NO |
| Additional Explanation | | Carrier / Service Provider | Date of Loss |
| Agreed Settlement with Council and NipponKoa Wire Transfer Attached | | NIPPONKOA Ins. Co. Ltd. U.S. Branch | 9/26/2004 |
| | | If you require additional information you may contact | |
| | | Phone | |
| | | (212) 405-1650 ext. 150 | |

| | | | |
|----------------------------|---|---------------------------------|----------------|
| Carrier / Service Provider | Date of Issue | Claim Number | Account Name |
| | | | |
| | For | | Account Number |
| | Amount (Please spell out) | | |
| | | | Dollars |
| Payee | Wire Transfer | Amount | \$55,000.00 |
| | The Bank of Tokyo - Mitsubishi UFJ Ltd. | | |
| | | Mail To if different from payee | |

| Coverage Code | Kind of Payment | Claim Amount | or | Expense Amount | Expense Description | Benefit Period | |
|---------------|-----------------|--------------|----|----------------|---------------------|----------------|----|
| OMC | 0 | \$ - | | | | From | To |
| | | | | | | | |
| | | | | | | | |

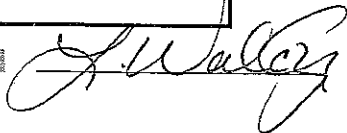
| | |
|--------|--|
| Check | |
| Close | |
| Daily | |
| Stop | |
| Cancel | |

| | |
|----------------------|---|
| Claimant | |
| Entire File | A |
| Panel Atty Hrs. Paid | |
| "FOR" Section | |
| Add Explanation | |

| | | |
|--------------|-----|--|
| Credit | | SEE IMPACT FOR SUPERVISOR REQUESTED APPROVAL |
| Claim Number | FTC | Function |
| Salvage | | CMT # |
| Subrogation | | Sequence # |

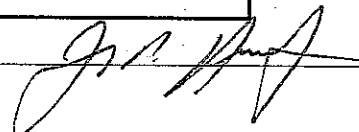
| |
|-------------------------------|
| Authorized I.D. Claim Handler |
|-------------------------------|

Signature:



| |
|----------------------------|
| Authorized I.D. Supervisor |
|----------------------------|

Signature:


EXHIBIT **G**